

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549716
Solicitation Title: CONSTRUCTION RENOVATIONS MINOR - MPA 52 (46 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 7/21/2015 10:30 AM

RIVIP Vendor ID #: 36146
Bidder Name: Globex Industries, Inc.
Address: P. O. Box 465
Narragansett, RI 02882
USA

Telephone: (401) 639-9980
Fax: (401) 284-1525
Contact Name: Francis Andersson
Contact Title: President
Contact Email: fandersson@cox.net

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

Francis Andersson - Owner

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.



Request for Quote

Page 1 of 3

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 29-JUN-15
BID NUMBER: 7549716
TITLE: CONSTRUCTION RENOVATIONS MINOR-MPA 52

BLANKET START : 01-SEP-15
BLANKET END : 31-AUG-16
BID CLOSING DATE AND TIME: 21-JUL-2015 10:30:00

BUYER: Cadoret, David
PHONE #: N/A

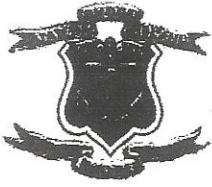
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
1	MPA-52 9/1/15 - 8/31/16 CARPENTER REGULAR HOURLY RATE	1.00	Hour	83.84	83.84
2	MPA-52 9/1/15 - 8/31/16 CARPENTER OVERTIME HOURLY RATE	1.00	Hour	110.67	110.67
3	MPA-52 9/1/15 - 8/31/16 CARPENTER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	116.03	116.03
4	MPA-52 9/1/15 - 8/31/16 CARPENTER'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	61.24	61.24
5	MPA-52 9/1/15 - 8/31/16 CARPENTER'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	76.76	76.76
6	MPA-52 9/1/15 - 8/31/16 CARPENTER'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	79.87	79.87
7	MPA-52 9/1/15 - 8/31/16 MASON REGULAR HOURLY RATE	1.00	Hour	79.62	79.62
8	MPA-52 9/1/15 - 8/31/16 MASON OVERTIME HOURLY RATE	1.00	Hour	104.42	104.42
9	MPA-52 9/1/15 - 8/31/16 MASON HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	109.38	109.38
10	MPA-52 9/1/15 - 8/31/16 MASON'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	57.96	57.96
11	MPA-52 9/1/15 - 8/31/16 MASON'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	71.93	71.93
12	MPA-52 9/1/15 - 8/31/16 MASON'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	74.90	74.90
13	MPA-52 9/1/15 - 8/31/16 PAINTER REGULAR HOURLY RATE	1.00	Hour	72.91	72.91
14	MPA-52 9/1/15 - 8/31/16 PAINTER OVERTIME HOURLY RATE	1.00	Hour	97.38	97.38

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



Request for Quote

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BUYER: Cadoret, David
PHONE #: N/A

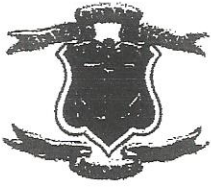
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
15	MPA-52 9/1/15 - 8/31/16 PAINTER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	102.27	102.27
16	MPA-52 9/1/15 - 8/31/16 PAINTER'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	47.27	47.27
17	MPA-52 9/1/15 - 8/31/16 PAINTER'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	58.91	58.91
18	MPA-52 9/1/15 - 8/31/16 PAINTER'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	61.24	61.24
19	MPA-52 9/1/15 - 8/31/16 PLASTERER REGULAR HOURLY RATE	1.00	Hour	80.96	80.96
20	MPA-52 9/1/15 - 8/31/16 PLASTERER OVERTIME HOURLY RATE	1.00	Hour	106.58	106.58
21	MPA-52 9/1/15 - 8/31/16 PLASTERER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	111.70	111.70
22	MPA-52 9/1/15 - 8/31/16 PLASTERER'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	60.78	60.78
23	MPA-52 9/1/15 - 8/31/16 PLASTERER'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	76.30	76.30
24	MPA-52 9/1/15 - 8/31/16 PLASTERER'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	79.41	79.41
25	MPA-52 9/1/15 - 8/31/16 LABORER REGULAR HOURLY RATE	1.00	Hour	71.09	71.09
26	MPA-52 9/1/15 - 8/31/16 LABORER OVERTIME HOURLY RATE	1.00	Hour	92.86	92.86
27	MPA-52 9/1/15 - 8/31/16 LABORER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY Line Note to Bidders: I CERTIFY THAT I HOLD A VALID RHODE ISLAND CONTRACTOR'S LICENSE NUMBER <u>29684</u> EXPIRATION DATE <u>3-1-17</u> FAILURE TO INCLUDE THIS NUMBER MAY RESULT IN	1.00	Hour	97.22	97.22

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Request for Quote

Page 3 of 3

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

BUYER: Cadoret, David
PHONE #: N/A

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BID NUMBER: 7549716
TITLE: CONSTRUCTION RENOVATIONS MINOR-MPA 52

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BID CLOSING DATE AND TIME:21-JUL-2015 10:30:00

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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	YOUR BID BEING DEEMED NON-RESPONSIVE.				

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

SECTION 11: EXPERIENCE AND REFERENCES

Part A: Experience and References

11.1 Experience and References

Provide names, addresses, and contact information for from three (3) owners of projects for which work has been performed in the past five (5) years. Include a brief description of each project. The Division reserves the right to not award a MPA contract to any respondent whose references are deemed to be unsatisfactory.

Year Started: 2015

Year Complete: 2015

Brief Description of Contract:

Interior renovation of the TSA breakroom, locker room and offices at T.F. Green Airport.

Company:

Rhode Island Airport Corp.

Contact Person:

Joe DaSilva

Telephone and Email:

401-465-1272

JDasilva@pvdairport.com

Project and Value:

TSA alterations

\$157,471.00

Year Started: 2015

Year Complete: 2015

Brief Description of Contract:

Renovate luxury suites. Install generator pad + repair concrete steps.

Company:

Dunkin Donuts center

Contact Person:

Robert Lauro

Telephone and Email:

401-331-0700 RLauro@dunkin-donuts-center.com

Project and Value:

Luxury Suites/Canc. Pad \$130,000.00

Year Started: 2015

Year Complete: 2015

Brief Description of Contract:

Prep and paint bathroom ceilings in the dorm rooms.

Company:

Exeter Job Corps Academy

Contact Person:

Bob Rainey

Telephone and Email:

401-473-1265

Project and Value:

\$10,500.00

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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NAME Globex Industries, Inc.ADDRESS 15 Broom Street, Providence, RI 02905(REMITTANCE ADDRESS, IF DIFFERENT) P.O. Box 465CITY, STATE AND ZIP CODE Narragansett, RI 02882

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
 (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERESIGNATURE *Anderson*TITLE PresidentDATE 7/20/15TEL NO. 401-639-9980**BUSINESS DESIGNATION:**

Please Check One: Individual ☐ Medical Services Corporation ☐ Government/Nonprofit Corporation ☐
 Partnership ☐ Corporation ☒ Trust/Estate ☐ Legal Services Corporation ☐

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: *[Signature]*
Title: President

Subscribed and sworn before me this 21st day of July, 2015

Melissa Durkin-Couture
Notary Public
My commission expires: 7-1-18
H 753548

MELISSA DURKIN-COUTURE
NOTARY PUBLIC
MY COMMISSION EXPIRES 7-1-18

An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



Department of Administration
Minority Business Enterprise Compliance Office
One Capitol Hill
Providence, RI 02908-5860
Office: (401) 574-8670
Fax: (401) 574-8387
May 27, 2015

RI Relay: 711
www.mbe.ri.gov

Mr. Francis Andersson
Globex Industries, Inc.
P.O. Box 465
Narragansett, RI 02882

Dear Mr. Andersson:

Based on the annual review package provided by you, a determination has been made that your firm remains eligible for certification as a **DBE**. Be advised that the MBE Compliance Office, acting as certification agent for RIDOT, RIAC, and RIPTA, has determined that your firm continues to meet the certification criteria as established by U.S. DOT under 49 CFR Part 26. The number that you may utilize as proof of your certification is MBCN 1368. Your company has been approved as a **DBE** to conduct business primarily as a "**general contracting and construction management services including scheduling, budgeting, construction reviews, estimating, bidding, master planning, quality control and supervision services**" firm under primary NAICS Code 541690 and additional NAICS Codes 541611, 541614, 541618, 541990.

Please be advised that it is your responsibility to notify the Minority Business Enterprise Compliance Office of any changes in circumstance affecting your ability to meet size, disadvantaged status, ownership, or control requirements, or any material change in the information provided in your application form, within 30 days of such changes. The notice must take the form of an affidavit sworn to by the applicant before a person who is authorized by state law to administer oaths or of an unsworn declaration executed under penalty of perjury of the laws of the United States. Additionally you must attach supporting documentation describing in detail the nature of such changes. Failure to make timely notification of such a change will result in administrative removal of certification for failure to cooperate under 49 CFR 26.109(c).

In order to maintain your certification as a DBE, you must submit your annual review package sixty (60) days prior to your annual review date which is **5/31/2016**. (a) a completed No Change Affidavit (enclosed); (b) current corporate federal tax returns, including all federal schedules and attachments, for the applicant firm and any affiliate firms, if applicable; (c) copy of your current certification letter from your home state UCP if firm is not based in Rhode Island, and (d) copy of pertinent Rhode Island licenses if business is operating in a licensed industry. Failure to submit your annual review package will also result in an administrative removal of your certification.

We wish you success in the DBE Program, and if we can be of further assistance to you, please contact this office.

Sincerely,

Charles C. Newton, Administrator
MBE Compliance Office

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



Department of Administration
Minority Business Enterprise Compliance Office
One Capitol Hill
Providence, RI 02908-5860
Office: (401) 574-8670
Fax: (401) 574-8387

RI Relay: 711
www.mbe.ri.gov

May 27, 2015

Mr. Francis Andersson
Globex Industries, Inc.
P.O. Box 465
Narragansett, RI 02882

Dear Mr. Andersson:

Based on the annual review package provided by you, a determination has been made that your firm remains eligible for certification as an MBE for the State of Rhode Island Minority Business Enterprise Program. Your "Minority Business Certification Number" which you can utilize as proof of your status is MBCN 1368. Your company has been approved as an MBE to conduct business primarily as a "general contracting and construction management services including scheduling, budgeting, construction reviews, estimating, bidding, master planning, quality control and supervision services" firm under primary NAICS Code 541690 and additional NAICS Codes 541611, 541614, 541618, 541990.

Your certification remains valid until **5/31/2020** unless revoked sooner based on a determination of ineligibility. It is your responsibility to notify the Minority Business Enterprise Compliance Office of any changes in the ownership or control of your business within 30 days of such changes. At the end of your certification period, if you wish to recertify, your company will undergo a substantive review, including a new site visit, as applicable, as well as a review of personal financial information and economic disadvantaged status.

In order to maintain your certification during the certification period, you must submit your annual review package sixty (60) days prior to your annual review date which is **5/31/2016**. Your annual review package must include: a) a completed No Change Affidavit (enclosed); (b) current corporate federal tax returns, including all federal schedules and attachments, for the applicant firm and any affiliate firms as applicable; (c) copy of your current certification letter from your home state UCP if firm is not based in Rhode Island, and (d) copy of pertinent Rhode Island licenses if business is operating in a licensed industry. Failure to submit your annual review package will result in an administrative removal of your certification.

We wish you success in the State of Rhode Island's Minority Business Enterprise Program; and if we can be of further assistance to you, please contact this office.

Sincerely,

Charles C. Newton, Administrator
MBE Compliance Office